STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1442)
County Jalla 1 S	Registration Dist. No. 290
Village or City astron Ma	No mercancy Hospita st, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos.	ds. How long In U. S. If of foreign birth?
2° FULL NAME NUMISE DITOUN	S MM If U. S. Veteran, specify WAR
(a) Residence: No. Chester Md-	St., Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
fundle Mutt married	(Month) (Day) (Yea)
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Marion h. Shown	July 24 1037 to July 24 1037
6. DATE OF BIRTH (month, day, and year) Jan , 28 1943	I last saw h. D. alive on 244 24 1937 deeth is seld
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 953 m.
24 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade profession or particular	Unite of oniset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and start of	Fast Partien Yeupran
9. Industry or business in which work was done, as SILK MILL,	7
SAW MILL, BANK, etc	724
- I this accordance (mount and 11 11 11 11 1 2) a should in this M. O. I. A.	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State or gountry)	7.060 0
	seinement welling wife
14. BIRTHPLACE (city or town)	a duligues
4. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIOEN NAME TO TOWN) 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT CADE COMMENT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of Injury
Place things lay huch Oate 7/26, 1937	Nature of injury
12011	
19. UNOERTAKER Thomas (Address) to see will mile	24. Was disease or injury in any way related to occupation of deceased?
7/26 22 20 110	(Signed) 2 (M.D.
20. FILED 195 f FT [[Construction of the contract of	(Addrass) Earline Lud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related caus of importance were as follows:	Bes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECELVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V.	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

NG DN	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	S IS A PERMAN	stated EXAC	properly classi	certificate.
RESERVED	ING INK-THIS	AGE should be	e that it may be	tions on back of
MARGIN	WITH UNFAD	efully supplied.	in plain terms, se	TION is very important. See instructions on back of certificate.
	FE PLAINLY,	should be care	E OF DEATH	is very importa
V. S. No. 1	N. BWRI	mation	CAUS	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8043
County Talbot	Registration Dist. No. 2 1
Village or City of Michael	NoSt.,Ward
·	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Flory/ Comment	
(a) Residence: No. It much we have	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Fadorel La OR DIVORCED (write the word)	July 4 193 7
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
A DATE OF BIRTH (week do not not not not not not not not not no	I last saw h ex alive on sand 25, 1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 27
3 / 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Oate of onset
SAWYER, BOOKKEEPER, etc.	Clente (Mecholism)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	of Homicidal author
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	from enternal causes
Quan and lot	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Y CALLY AMO TO (State or country)	Evidence points to homicide: Beaten to
13. NAME John Comment	- Sama
13. NAME 6 000 6 000 14. BIRTHPLACE (city or town) albat	Name of operation Would Oate of
(State of country)	What test confirmed diagnosis? None Wes there an autopsy? NO
15. MAIDEN NAME Sarah Barrer 16. BIRTHPLACE (city or town). Queenan who	23. if death was due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homlcide? Homis de Dête of injury 114, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAMPAGE AND COMPAGE AND COMP	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA HON, OR REMOVAL	Manner of injury 20 10 1
Place St Michael Oate siley 6, 19/3	Nature of injury / Slows influeled on head
19. UNDERTAKER March Gel (Address) A March all Tur	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO July 5 , 1937 John Huwales Registrar.	(Signed) Inthe tophews M.D. (Address) St Unichaels Mid.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis AUG 5 1937	3 days ago
	BUREAU V. S. I	
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Atlack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

harabl

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8044
County Jalhat	Registration Dist. No. 29 2
2. FULL NAME Tracky J Faulk (a) Residence; No.	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wild and For HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) Lept 10, 1875 7. AGE Years Months Days If LESS than	1 HEREBY CERTIFY. Thet I attended decessed from 1930, to 1937; death is sail to have occurred on the date stated above, et 12,00m.
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et See 11. Totel time (years)	Illeria 5 1936
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et this occupation (month end year) 11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Jneen ane Co (State or country) Md.	Other Contributory Causes of Importance:
13. NAME William Coleman.	
13. NAME William Coleman. 14. BIRTHPLACE (city or town) - Incendence, Co. (State or country)	Name of operation Date of
15. MAIDEN NAME Datilda Vincent	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Patilds Vincent 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Richard Faulbaur (Address) Frappe, md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place M. Trappe: Dete July 20, 1937.	Menner of Injury
19. UNDERTAKER Marrisce E. Lewnan + Son. (Address) Englon, Judy	24. Was disease or injury in any way related to occupation of deceased?
20. FILED	(Signed) & Clique & Dignious M. (Address) & Page Mg Mg. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation:—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 10 1937			1
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	IRTHER STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registration Dist. No. (If death occurred in a hospital or institution, dive its NAME instead of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Oay) I HEREBY CERTIFY Thet I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset What test confirmed diagnosis? Westhere an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?______ Date of injury______ 19_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage All 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			191
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	TO 10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6 1937			
Other contributory causes of importance: S. Gallstones	May 1,1923	Other eontributory eauses of importance: Gastroentcritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County Sallat	Registration Dist. No. 290
Village or City Caslan	No. O Merger No Set St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. Thoughough U.S. if of foreign birth?yrsmosds.
2 FULL NAME Mary any Kirston	ann If U. S. Veteran, specify WAR
(a) Residence: No. Que no town	rd st., Ward. A. O. Co.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (zwrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
mt 1 1 1 2 3 6	list saw h. L. A. alive on Quela 13 1937 : death is said
5. DATE OF BIRTH (month, day, and yaar) 07, 18, 1936 7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at lails a'm.
Q 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trade, profassion, or particular	wera as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. ladustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data decassed last worked at this occuration (months and	9 mter - colitis 7.9.5
9. Ladustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data decassed last worked at this occupation (month and year) cocupation	7
24.00110	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
(State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME CHILLIP ATT AT	What test confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
00,100,000	Accident, sulcide, or homicida?
16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?
17. INFORMANT Pay Horsturau 1	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Tullustaeu nid	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Berger transfer Date 7-13 19-37	Nature of Injury
19 UNDERTAKER SAME IT. Milliams	24. Was diseasa or injury in any way ralated to occupation of decaased?
(Address)	If so, specify
20. FILED 2/14 1937 7 H. Meirus	(Signed) M. D
Registrar.	(Addrass) Sauto 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
SUREAU V. S.			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

-WRITE PLA N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County	Registration Dist. No. 2 70
Village or City 74. Gaston (If	No. St., Videath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME have tohuson	If U. S. Veteran, specify WAR
(a) Residence: No. Easton (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yae)
5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (raes
(or) WIFE of Effet Cooper	22. HEREBY CERTIFY. That pattended decrased
(1110 48 1077	19.00 fresh 23
5. DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	Ust sew h. 19 32; deeth is
10 19 1 day,hrs.	to heve occurred on the date stated above, am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows:
8 Trade, profession, or perticuler kind of work dona, as SPINNER, Fature SAWYER, BOOKKEEPER, etc.	Ceruntal Menoring 7/1
kind of work dona, as SPINNER, factors SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done as SILK MILL	
CAW MILL DAMY STATE WILL,	
10. Date deceesed last worked at killy 6 11. Total time (yeers) of this occupation (month and year)	
yaar) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Caroline Co	Hear Prostration 7/
(State or country)	
13. NAME Curtis Johnson	
14. BIRTHPLACE (city or town)	Nama of operation Data of
(Stete or country)	Whet test confirmed diagnosis? Wes there an autopsy?_
15. MAIDEN NAME Martha Harrington	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19_
(State or country)	Where did Injury occur?
7. INFORMANT My, Effel C Johnson (Address) Laston, Det	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Spusy Hill Cembate July 19, 1937.	Nature of Injury
19. UNDERTAKER Daurice E. Lewant Son.	24. Was disease or injury In any way releted to occupation of deceased?
2-29	If so, specify (Signed)
20. FILED 1951 1951 1951	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, meachanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 0 1937	July 5,1927	Peritonitis	3 days ago
	BURBAU V. S			
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones	The state of	May 1,1923	Gastroenteritis	1 year

or-ate IARGIN RESERVED FOR BINDING

f infe	d sta	CUP	1	-
tem	skoul	% 0C		-
N. B.—WRITE PLANTY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of info	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	MI.	4
RECER	Y. PHYS	Exact st		-
MANENT	ACTL	lassified.		
S A PER	ated EX	roperly c	TION is very important. See instructions on back of certificate.	- 0
-THIS I	ild be st	ay be pi	ock of ce	
G INK-	GE shot	that it m	ons on ba	Contract of the last of the la
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3.—WRI	mation	CAUS	TION	
7.7	1	T	1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(20)
County Off	Registration Dist. No. 4.7.0
Village proity Caston	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2 FILL NAME MASIL Calanda	<i>)</i> ,
2. FOLL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Source of Divorced (aurite the word) 5a. If married, widowed or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of COPY WIFE OF Jacob Johnson Wes	12. I HEREBY CERTIFY. That I attended deceased from fully 2 1937 to fully 9 1937
6. DATE OF BIRTH (month, day, end year) Sulf 20, 1889	I last saw h alive on 193.7 ; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, et
0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	Myseus My; cotornal, 7/2/37
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	meaning - acute pastro-enterition
work was done, as SILK MILL, SAW MILL, BANK, etc.	Duration i sigh or seven days. Culip
10. Date deceased last worked at this occupation (month and spent in this	
year) g-3-7	Other Centributery Canses of Importance:
12. BIRTHPLACE (city or town). Zurkurur	Other Conditionary Canada of Importance.
(State or country)	, , , , , , , , , , , , , , , , , , , ,
13. NAME Androws	
13. NAME Andrews 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did Injury occur?
17. INFORMANT Chard Copper (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Allementalle Date / 7 ,193/	Nature of Injury
19, UNDERTAKERALLES Q B.	24. Was diseese or injury In any way related to occupation of deceased?
20. FILED 2/10 , 1937 A. A. Meries Registrar.	(Signed) + aufmara d. Attif 'Mo.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example 1		Example 11	
of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1931	July 5,1927	Peritonitis .	3 days ago
9	BUREAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of infor-

item

UP	1	. PLACE
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-	1	male
lassified	5a.	If married, wi HUSBAND ((or) WIFE o
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may	PAT	. Industry work
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terms,	IER	13. NAME
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r pl	ER	15. MAIDEN
H in	ОТН	16. BIRTHPL
AT	Z	(Stet
ry in	17.	INFORMANT . (Address)
OF S ve	18.	BURIAL, CRE
SE N	199	Place_
CAL	19.	UNDERTAKER (Address)

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 8050
County Tallor	Registration Dist. No. 29/
Village or City Treant	NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos	
2. FULL NAME Vustams V. Jones	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Veer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sutton Ball	i HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Map 11 1852	last sawn see alive on July 16 , 1937; death is said
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the dete stated above, etAm. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were es follows:
V Trade profession or continue	Date of onset
SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the spent in this spent in th	Geofiles 4
11. Total time (years) this occupation (month and /925 spent in this 56 occupation	
12, BIRTHPLACE (city or town) Rearity had (State or country)	Dther Contributory Causes of importance:
	musio selloses - ny ancumar
13. NAME Was Joven 14. BIRTHPLACE (city or town) Jackot Co (State or country)	Name of operation Date of Date of Was there an autopsy?
15. MAIDEN NAME Emily Jacks to 16. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?Date of injury, 19
17. INFORMANT Mrs Wm J. Haddaway (Address) Newnet ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date July 17, 19 37	Manner of injury
19. UNDERTAKER Newnam + Hausson (Address) Alt michaele me	24. Was disease or injury in any way related to occupation of deceesed? 740
20. FILED July 17, 197 John Huwola.	(Signed) . H. Hofe M. D. (Address) St Messals, mas

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Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	e of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	RECTIVED	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	AUG 5 1000	3 days ago
			BUREAU V. S.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory	causes of importance:	1 year

item of infor-

STATE OF MADVI AND—CEPTIFICATE OF DEATH

	sidance in city or town where		,	death occurred in a hospital or institution, give its NAME instead of street and number death of street and number death of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution.	Ward
	9	- /-	> -		ds
2. FULL NA	ME QUE	MARIE / A.	1 car	If U. S. Veteran, specify WAR	
(a) Reside	nce: No.			St. Ward.	
		(Usual place o		If nonresident give city or town and State	e
	NAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
Tunk	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write tha word)	21. DATE OF DEATH	37
a. If married, wido	wad, or divorcad	1	4 rues	(Month) (Day)	(Taar)
HUSBAND of (or) WIFE of	Cotherin	00	ind	22. I HEREBY CERTIFY, That I attanded deca	ased from
	Lacy Com	1. 2.1	w ·	gid not see for all	19
	(month, day, and yaar)	128/	03	l last saw h alive on; de	ath is sa
. AGE Ye	eers Months	Days	If LESS than 1 day,hrs.	to have occurred on the dete stated above, at	
	357 4	23	ormln.	wore as follows:	te of onse
Trade, prof.	assion, or particular / work dona, as SPINNER,	1		<u></u>	
SAWYE	R, BOOKKEEPER, atc	DISM	tan.	Drowing; accidental, 7	-22
work w	business in which as dona, as SILK MILL	0000	-00	1 0 1-+ 1. 1. ad. 0 + :4	
SAW MI	ILL, BANK, etc.		1 1/1-	Lange Comment and Called and Called March College Contract College Col	L
J.O. Data decaa		II. Total tir	na (vears)	- tild - and not use motions carly P.	L
	sad last worked at upation (month and	I1. Total tir	t In this	tied, and not in motions curly R.	
	sad last worked at	spen spen		tied, and not in motions Certific.	·
year)	sad last worked at upation (month and	spen spen	t In this	Other Contributary Causes of importance: Becaused, who was sleeping on boots.	•
year)	sad last worked at upation (month and	spen spen	t In this	Other Contributory Causes of importance: Becaused, who was sleeping on boot, supposed to have rolled off while asleep,	sata.
year)	sad last worked at upation (month and	spen spen	t In this	Other Contributary Causes of importance: Becaused, who was sleeping on boots.	s.
year)	sad last worked at upation (month and city or town) untry)	spen spen	t In this	Other Contributory Causes of importance: Becaused, who was sleeping on boot, supposed to have rolled off while asleep,	s.
year) 2. BIRTHPLACE (c (State or con 13. NAME 14. BIRTHPLAC (State or con 14. BIRT	sad last worked at upation (month and city or town)	spen spen	t In this	Other Contributory Causes of importance: Decreased, who was sleeping on boot, a supposed to have rolled off while asleep, in the water and assidentally drawned.	
year)	sad last worked at upation (month and city or town)	spen spen	t In this	Other Contributory Causes of importance: Becaused y who was alexping on brook, a supposed to have rolled off while asleep, in the water and assidentally drawned. Name of operation. Date of	
year) 2. BIRTHPLACE (c (State or con 13. NAME 14. BIRTHPLAC (State or con 14. BIRT	sad last worked at upation (month and upation (month and upation) city or town) city or town) city or town) city or town) AME	spen spen	t In this	Other Contributory Causes of importance: Deceased, who was also pieces, an boot, a supposed to have rolled off while asleep, in the water and assidentally drawned. Name of operation	osy 7
year)	sad last worked at upation (month and city or town)	spen spen	t In this	Other Contributory Causes of importance: Deceased a who was also find a sleep of while asleep of the water and assidentally drowned. Name of operation. Date of What tast confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fift in also the following: Accident, suicide, or homicide? Where did Injury occur?	, 19. 3
year)	city or town) CE (city or town)	spen spen	t In this	Other Contributory Causes of importance: Deceased a who was also find a sleep of while asleep of the water and assidentally drowned. Name of operation. Date of What tast confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fift in also the following: Accident, suicide, or homicide? Where did Injury occur?	, 19. 3
year)	sad last worked at upation (month and upation (mont	spen spen	t In this	Other Contributary Causes of importance: Deceased y who was sleeping on front, a supposed to have rolled off while asleep, it was the water and accidentally drawned. Name of operation. Date of	, 19. 3
year)	city or town) CE (city or town)	spen spen	t In this	Other Contributary Causes of importance: Deceased y who was also fraid as leep of while asleep of the water and assistant of while asleep of the water and assistant of the water and assistant of the water and autoperation. Name of operation. Date of	, 19. 3
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year)	sad last worked at upation (month and upation (mont	spen spen	t In this	Other Contributary Causes of importance: Necessary who was alexanged an Proof, Marken and are rolled off while asleep, Name of operation Name of operation Date of What tast confirmad diagnosis? Accident, suicide, or homicidet (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Natura of Injury Natura of Injury	, 19_3
2. BIRTHPLACE (c (State or could be state or cou	sad last worked at upation (month and upation (mont	spen spen	t In this	Other Contributary Causes of importance: Deceased a technology and broad and see possible and an area of the worker and area dentally drawned. Name of operation. What tast confirmed diagnosis? What tast confirmed diagnosis? Where did Injury occur? Where did Injury occur? (Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury. Natura of Injury. 24. Was disease or injury in any way related to occupation of deceased?	, 19_3
this occupant 2. BIRTHPLACE (c) (State or country to the coun	sad last worked at upation (month and upation (mont	spen spen	t In this	Other Contributary Causes of importance: Necessary who was alexanged an Proof, Marken and are rolled off while asleep, Name of operation Name of operation Date of What tast confirmad diagnosis? Accident, suicide, or homicidet (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Natura of Injury Natura of Injury	, 19_3

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Example I		Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis "	3 days ago
AUG 6 1937 .		. 1	
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	51-0
County	Registration Dist. No. 290
Village or City hear Coston Ind	No. St., Ward (death occurred in a hospital or institution, vive its NAME instead of street and number)
	de. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME & harles Esha Throng	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male White Legally Mary to	Lely 5- 193 7
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of May Blains	22. I HEREBY CERTIFY. That I attanded decassed from 5-10 1937 to 7-5-1937
6. DATE OF BIRTH (month, day, and year) Oct 8-1870	I last saw h, ma aliva on 7 - 5 , 1937; death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.35pm.
66 8 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z S. Trade, profession, or particular kind of work done as SPINNER PLIP.	P 1
kind of work done, as SPINNER,	Caremoma 1 the protate 1933
kind of work done, as SPINNER, AWYER, BOOKKEPER, etc. 9, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decased last worked at this occupation (month end	
10. Data decaased last worked at this occupetion (month end spant in this	
year)	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	A. Z
(State or equntry)	Melastases is the Jone
13. NAME udge Wm O pasaul	Name of according Month - Date of
X 14. BIRTHPLACE (city or town) (State or country)	Name of oparation
15. MAIDEN NAME Verrietta Holland	What test confirmed diagnosis? Was there an adropes 2.3. If death was due to external causes (VIOLENCE) fill In elso the following:
16 DIDTHOLAGE (situations)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Whare did injury occur?
17. INFORMANT Rafet Thos & levente	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mausias Ga Dete 1/7 193/	Neture of injury
19. UNDERTAKER Queen a Spanner.	24. Was disease or Injury in any way related to occupation of dacaesed?
(ADDIESS) Saston Innel	If so, spacify
20 FILED 7/6 19 37 M.H. Neuru	(Signed) William / Vanno M.
Registrar.	(Addrass) Zuston Med.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the telative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	it	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage 1931	July 5,1927	Peritonikis	3 days ago
MARKAU V. S		10	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

orth. Every item of infor-IS A FERRITALY. PHYSICIANS SUCCEPTARED IN STREET STATEMENT OF OCCUPA-ALY, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.-WRITE PLA

IARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Jalbot County	Registration Dist. No. 290
Village or City of Gooden had	No. Emergency toshital Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2 FULL NAME Ong	If U. S. Veteran, specify WAR
(a) Residence: No. 6 a lon Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Mhite White	(Month) (Day) (Year)
5e. It married, widowed, or divorced HUSBAND or	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) July 30, 1937	I lest saw h elive on
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, etm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Still Born 15 mo
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
- time cooperation (month and	
year) occupation occupation	Other Coatributory Caases of Importence:
12. BIRTHPLACE (city or town).	
(State or country)	
14. BIRTHPLACE (city or town) Eastory	
14. BIRTHPLACE (city or town) - Caslary	Name of operation Dete of
(State of Continty)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. if death wes due to external causes (VIDLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT III S. Walle Long	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Zaston Mai	
Place Place Dete State 30, 1937	Manner of Injury
Place a sourge Tras b Dete Surgary 193)	Nature of Injury
19. UNDERTAKER 6 guegere get to spilal	24. Was disease or Injury In eny way related to occupation of deceased?
(Address) Easter Ind,	If so, specify
20. FILED 1/30, 1937 NJ. Merico	(Signed) M. D.
Registrar.	(Address) eldlog and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, ctc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1928	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8054
1. PLACE OF DEATH	820
County TALLOT	Registration Dist. No. 290
Village or City EASTON Md	NoSt.,Ward
0 (1	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos
	IAS If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.	21. DATE OF DEATH (Month) (Day) (Year)
5a, If married, widowed, or divorced	
HUSBAND OF GEBYGE MATHIAS	22. I HEREBY CERTIEY. That I attended deceased from 24 1937, to July 200, 1937
6. DATE OF BIRTH (month, day, and year) JULY 18-1880	I last sawn all alive on June (2947, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. 201m.
5,7 // 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows
9 Trade profession or particular	Vulnimary ordena 4 day
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this consultant of the consultant of	Jan 2947
10. Date deceased last worked at this occupation (month and year) - spent in this occupation - spent in this	
12. BIRTHPLACE (city or town) EASTON Md (State or country) IALF of	Other Contributory Causer of importance the Contributory and the Contrib
	(Sight) 1 11931
13. NAME TOHN. J. Reisey.	Q
14. BIRTHPLACE (city or town) G - Y-M-A-N-	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME LINGSMINICE.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME	Accident, suicide, or homicide?
17. INFORMANT MAS JOHN Reiser. (Address) EASTON MA. TALVOT. CO.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placements Limitary Date July 5, 1937	Manner of injury
£110C11A1	Nature of injury
19. UNDERTAKER (All Story Custing med	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED 7-1, 19 3 7 77-11. News Registrar.	(Signed) OLK 13 SERVER M. D. (Address) AND M. D.
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore, Requesting V. S. No. 7.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6 1937			
Other contributory causes of importance: V. S		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA-IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. FOR BINDING MARGIN RESERVED AGE should be

certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. -WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	213-d) BC
County Jakot	Registration Dist. No. 291
Village or City Weaver St. Michaella	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth? yrs. 2 mos. ds.
2. FULL NAME James I mel	our ran-U.B. havy
(a) Residence: No. 1 70 3 he cours	n Sty Ward Oliver of mod
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE 5. SINGLE, MARRIEB, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
13. SEX 4. COLOR OR RACE OR DIVORCED (brite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY) That I attended deceased from
0	July 5 , 19.37, to July 6 , 19.37
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
2/ 24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular Nind of work done, as SPINNER, clured SAWYER, BOOKKEEPER, etc.	De to to to to was involved . Course
9. Industry or business In which	intermental ,
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. radustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Odd edceased last worked et this occupation (month and this occupation (month and this occupation (month and this occupation).	drowning
10. Oate deceased last worked et this occupation (month and year)	Declared direct out of an unrapported row-frost.
13-014-47	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country).	Boat drifted and too
The state of the s	Lawfrom shore, for sed to assess Seffre
13. NAME Mesley Melver 14. BIRTHPLACE (city or town) Han food &	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ILLE (CRY or town)	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of Injury
(State or grountry)	Where did Injury occur?
17. INFORMANT Mrs arma K. Stover	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 03 MC. Cowlin and 18. BURIAL, CREMATION, OR REMOVAL	in public place
Place Opetimore Indpate July 1 1937	Manner of injury Accidental drowning
theyton hate being the	27.
(Address)	24. Was disease or injury in any way related to occupation of deceased?
an 1-th an A-hartwales	(Signed) Att Note M. D.
20. FILED July 3, 1937 John Col Registrar.	(Address) It Mughaels, ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	4 4
Gallstones	May 1,1923	Gastroenteritis 2	1 year
		(93, (1)	
			and the

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8056
1. PLACE OF DEATH	1232
County Talkot	Registration Dist. No. 290
Village or City to aston	No. 6 mergency Hospital St, Ward
(If	death occurred in a hospiral or institution, give its NAME instead of street and number) 28 1940 How long in U.S. If of foreign birth?
2. FULL NAME My Will in Walter M	wysky If U. S. Veteran, specify WAR
(a) Residence: No. Nenton Md. P. U. # 2	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorged HUSBAND of (ar) WIFE of Lottie Molle Williams	22. HEREBY CERTIFY, That I attended deceased from 2 1937 to July 3 1937
5. DATE OF BIRTH (month, day, and year) - Sept. 3 - 1867	1 (est saw harm alive on Fisher 3 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, #11:30 fm.
69 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trede, profession, or perticular kind of work done, as SPINNER,	Date of offset
SAWYER, BODKKEEPER, etc. 1 Personal Johnson	7 1 1 1 1
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	activities of wind the 10 30 ?
10. Date deceased last worked et this occupation (month and 2) spent in this year) 11. Total time (years) spent in this year)	Direction: five days,
	Dther Contributory Causes of Importance:
12, BIRTHPLACE (city or town) Maryland (State or country)	prove our villesce 3 6 36 3
13. NAME M. William Muspher	mot duke to campere the self
13. NAME / A. Wellison Murphy 14. BIRTHPLACE (city or town)	Name of operation alleralare Date of 7
(State or country) Manyland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mas Gligalieth Carter 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Cennsylvanya	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. Meurphy (Address) Neuton, Md. P. D. # 2	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Court of Cleg, Date Jeele 6 , 193	Neture of Injury
19. UNDERTAKER. Tilinger Technology (Address)	24. Wes disease or injury In any way related to occupetion of deceased?
20. FILED. 7/6 , 1937 / H. // / Registrar.	(Signed) M. D. (Address) Carlos Ding.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A' G 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER ST	FATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. PURPLE OF DEATH 2. PURPLE OF DEATH 2. FULL NAME (a) Registration Dist. No. 2. 9. (b) Registration Dist. No. 2. 9. (c) Registration Dist. No. 2. 9. (d) Registration Dist. No. 2. 9. (e) Registration Dist. No. 2. 9. (e) Registration Dist. No. 2. 9. (d) Registration Dist. No. 2.		CTATE OF MADVI AND	CEPTIFICATE OF PEATURE .
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Accident, suicide, or homicide? Date of injury, 19	E E	(State of Country)	What tay confirmed diegnosis? Was there an autopsy?
Accident, suicide, or homicide? Date of injury Date	W W in in ant.	15. MAIDEN NAME CHOSA TOTALOGIC	233 Courth wes due to external causes (VIOLENCE) fill In also the following:
Whera did injury occur? (Specify city or town, county and State) 17. INFORMANT ALBUMANT ALB	- H 33	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOVAL Place Of Injury 19. UNDERTAKER (Address) 24. Wes disease or injury in any way related to occupation of deceased? 25. FILED July 2. 19. I John New Alexandra. (Signed) (Signed) (Address) M. D. (Address) M. D.	m be w	(State or country)	(Specify city or town, county and State)
Place			Secify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place	PI hou JF		
(Addrass Caffout Maria If so, specify 20. FileD July 8 , 19 7 John New alex Registrar. (Address) (Address) (Address) (Address)		Shelle a collection belle (Fig.	
(Addrass Caffout Maria If so, specify 20. FileD July 8 , 19 7 John New alex Registrar. (Address) (Address) (Address) (Address)	TRI tion	O Lea A Thinks	
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of onset The principal cause of death and related cause of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsi RECEIVED	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis AUG 5 1937	3 days ago
		BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis		Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8058
1. PLACE OF DEATH	82t)
County Tack	Registration Dist. No. 29.7
Village or City Reford Torol (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lowand Trans for	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Rear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary and S. Parson	22. I HEREBY CERTIFY: That I attended deceased from 1937, to July 21 1937
6. DATE OF BIRTH (month, day, and year)	Wast saw hass alive on July 02 1 , 193 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 m.
80 7 11 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerdial Montosis July 137
9. Industry or business in which work was done, as SILK MILL,	A /
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributary Canses of Importance:
(State or country)	Urlerio selerosis.
I3. NAME TENENTE PARTIES	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Now Date of
(State or country)	What test confirmed diagnosis? They It am Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? 1
State or country)	Where did injury occur?
17. INFORMANT MANGEST POSSESSION CHORACTER CHO	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place	Nature of Injury.
19. UNDERTAKER SUCCESSION OF A BROWN	24. Was disease or injury In any way related to occupation of deceased?
20, FILED 18 23 1927 Jorefland	(Signed) William / Aumord M. D.
If more blams here needed, address State Registrar.	(Address) ASSOCIATION (Address Treet Baltimore Requesting 7) S No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis • • • • • • • • • • • • • • • • • • •	3 days ago
	Other contributory causes of importance.	
May 1,1923	Gastroentcritis	1 year
	·	
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(82-0)
County / alla	Registration Dist/ No. 2904
Village or City Coston	No. Curly lucy / May Julaw
Langth of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NANE Instead of street and number) mos
2. FULL NAME Frank / Silici	17 MM If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (wwite the word)	21. DATE OF DEATH (Month) (Day) (193 (Year
in If married, widowed, or diversed HUSBAND of (or) WISE of	22. I HEREBY CERTIFY That I attended deceased
5. DATE OF BIRTH (month, dey, and yeer) + 0 & 8 1895-	I last saw h And A alive on Stalle S 1937 : death is
AGE Yeers Months Days If LESS that	-07
42 5 7 1 day,	ware as follows
100 Tada profession or sectionles	ulmonary Pedema Pate of
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, have the SAW MILL, BANK, etc.	ller - A
9. Tadustry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc	and C
12. BIRTHPLACE (city or town) Cally to (State or country)	Other Contributory Caused of Importance: Hemotrhag: 7/
13. NAME Lubienin	V
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ida Pilsch	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME IGN PLANTER 16. BIRTHPLACE (city or town) Balling	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(7, INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Escalbu Md pate 1 17 19	Neture of injury
19, UNDERTAKER JUMES A. KRINCE	24. Was disease or injury in eny way related to occupation of deceased?
(Address)	If so, specify
20. FILED 7/16 1937 (18) 18 19 19 19 19 19 19 19 19 19 19 19 19 19	(Signed) OCK DEVICE
Registrar.	(Address) Capton Ha

V. S. No. 1

-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1	il	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 0 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8060
1. PLACE OF DEATH	93-2
County 6 141 Va 1	Registration Dist. No. 290
Village or City	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?
2. FULL NAME VIOLA VILLINI	If U. S. Veteran, specify WAR
	St., Ward.
(Usual plade of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write tha word)) (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5a. If merried, widowad, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. HEREBY CERTYFY, Thet I attended daceesed from
Max 211 1991	lest saw h. D. lelive on
6. DATE OF BIRTH (month, day, end yeer) WW. A+ Days If LESS then	I lest saw h. D
43 3 1 22 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Mere as follows. Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased lest workad at this occupation (month end) as a part in this securation (month e	Chronic my ocardity
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	2 strong 100 pm
10. Date dacaased lest worked at this occupation (month end) oc 10 21 11. Total time (years) spant in this	Man Secondar 1 1445
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(Steta or country)	
I W. C. Close Man	
[State or country]	Neme of operation Oate of Whet test confirmed diagnosis? Language Was there an autopsy? The
15. MAIDEN NAME ZIZAVETTA VPELSON.	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CITALISTA VELSON 16. BIRTHPLACE (city or town) TUANUILLE NULL.	Accidant, suicide, or homicida?
∑ (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MISS HEREN MUINA	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Contrivule Date July 18, 1937	Neture of injury
19. UNDERTAKER Barton Br	24. Was disaase or Injury In any wey ralated to occupation of dacaased? 200
(Address) Occetronery ma	If so, specify
20. FILED 7/17 1937 M.J. Perry	(Signed) . Z . C . M. D.
Registrar.	(Addrass) 3 en on one

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 6 1937		11.12.20.20.00		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RD. Every Rem of infor-UNFADING INK-THIS IS A PERMANENT RE TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PL.

V. S. No. 1

County County	Co.	(131) Registration Dist. No. 293
Village or City Ofrich	town	No. St., W
Length of residence typy or town where deat	h occurredy	mos. ds How long In U.S. if of foreign birth? yrs. mos.
FULL NAME/ NAME /	any and	C4 Word
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OBLACE +5.	OR DIVORCED (write he wo	ED, ord) 21. DATE OF DEATH (Month) (Dey) , 193 7 (Year
If married, widowed, or divorced HUSBANO of (or) WIFE of		22. THEREBY CERTIFY That I attended deceased
ATE OF BIRTH (month, day, and year)	- 12-46	last saw hely 'alive on straight 74, 1937; death is
GE Years Months	Days / If LESS	
91	14 1 day,	THE I KINGLE ALL CAUGE OF DEATH BIRG COLORED OF IMPORTANCE
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Peterer.	acute hipping
9. Industry or business in which work was done, as SILK MILL,		(Parughy mulins)
10. Date deceased last worked at	11. Total time (years)	Probably on attack of livite maphating a graft
this occupation (month and year)	spent in this occupation	report a Chronice interstitial sephration
BIRTHPLACE (city or town)	yma .	Other Contributory Canses of importance:
(State or country)	elevare.	
13. NAME William	(mell	2
14. BIRTHPLACE (city or town)	On Land	Name of operation
(State or country)	Way!	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Jarau	1 suggest	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	awair.	Accident, suicide, or homicide? Date of injury, 19
INFORMANT Office (Address)	Jun be	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place Gaston, Md.	Dete 7/274.,1	Manner of injury
UNDERTAKER James a. S.	pence m	24. Was disease or injury in any way related to occupation of deceased?
(1001033)		- Mary V () - 11

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Chronic interstitial nephritis	1921	Run over by street can	OF COMPANY	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	VECEIAED	3 days ago
			AUG 9 1997	
Other contributory causes of importance:		Other contributory	causes of importance: S	
Gallstones	May 1,1923	Gastroenteritis	The state of the second	1 year

back

important

very

20. FILED

CAUSE LION

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Date of enset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER (Address)

(Oav)

That I attended deceased from

Oate of enset

Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of Injury

If so, spacify (Signed)

24. Was disease or injury in any way related to occupation of deceased?

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Chronic interstitial nephritis	1921	Run over by street cat	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis AUG 3 1937	3 days ago
		BUREAU V.	S.
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

		(657) CTATE OF MADY AND	SEPTIFICATE OF DEATH > \$064
	state UPA-		CERTIFICATE OF DEATH A Pression
,		1. PLACE OF DEATH	57)
K	should of	Village of State San Trans	Registration Dist. No.
1	= 0		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1	Every CIANS ement	6.00 · DI DY	ds. How long in U.S. if of foreign birth?yrsmosds.
	D. Every SICIAN	02. FULL NAME / DILL / KVOLINE	If U. S. Veteran, specify WAR
	> or	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	RECORD PHY Exact si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	K. E. E. E.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5	ed.	5e. If married, widowad or divorced	(Month) (Day) (Year)
	MANEN ACTI assified	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
Z	SX2	1.14 15-1951	Nest saw h The aliva on Just 4 4 1937, i death is seld
M	PE d E rly cate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/0.30.7.m.
OK	IS A PE stated E properly certificate	80 8 1 t day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
H	70	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER atc.	July July
E	10	9. Industry or business in which	around failures 1937.
3K	K—T hould may back	SAW MILL, BANK, atc.	Rente nephritis aud 15/837.
SS	E shat it	10. Date deceased last worked at this occupation (month and 33 spent in this occupation (coupation)	Physician only son patient a fat hours before
2	NFADING I pplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
Z	ADII ed. s, so ructi	(State or country)	Delovor (Kelhollo, 193/
4R(NF oplic erm inst	II 13. NAME CHarles Perry	
	y suppain te	t4. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	TI y	(State of County)	What test confirmed diagnosis?
1		15. MAIDEN NAME AND ENDOYS ENDOYS 15. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
1	be carried		Where did Injury occur?(Specify city or town, county and State)
U	Id b DE DE y in	17. INFORMANT SOFTE ZELOC	Spacify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLAINLY, should be can OF DEATH steep import	(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	E E S	Place Easton Md Date 7/14 193	Nature of injury
	-WRITE mation s CAUSE TION is	19. UNDERTAKER Succes of Alberta	24. Was disease or injury In any way related to occupation of deceased?
No.	B	(Address) Isolow And	If so, specify
S.	Z	20. FILED 7/17 , 1937 N. H. // LUNGS	(Signad) M. D. (Address) A A A A A A A A A A A A A A A A A A
	A /	Registrar.	(Vanicas)

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AUG 8 1937			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Amount of the second of the se	Mag 1,1000	All the real of the second	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.

STATE	OF	MARYLAND	O-CERTI	FICATE	OF	DEATH	
HTA				(02-0)			

8065

1. PLACE OF DEATH	(82-a)
county lalbate	Registration Dist. No. 2 90
Village or City as tow (If	No. 110 Coulcy 1050; tal st., Ward death occurred in a hospital or institution, eve its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	
2 FULL NAME JULIES 1. TISVA	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Os) (Year)
5e. Hamiried, widowed, as divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of 1883	July 1935 to 7-26-1937
6. DATE OF BIRTH (month, day, end year)	I last saw hallve on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, et 10. 2 m.
0 /6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carelage Her and a 2-25-27
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	The state of the s
SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation (month end year)	
SO DEPOSITE ACT (silver town)	Other Contributory Causes of Importance:
12. BFRTHPLACE (city or town). (State on Country)	Arterios lerves 375?
13. NAME SALLEY BAY LANGE	
13. NAME 14. INTHPLACE (city or town)	Neme of operation Oate of
(State of country)	What test confirmed diegnosist hydreal star Wes there en autopsy? No.
15. MAIOEN NAME LEGIC CON NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Property (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place 18 allumore Date 1/28	Nature of injury
19. UNDERTAKER JULIAN OL ABRAGAS!	24. Was disease or injury in any way related to occupation of deceased?
(Address) Zasla T	If so, specify
20. FILED 1 27, 1937 PAI MERCHINA. Registrar.	(Signed) M. D.

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Chronic interstitial nephritis Alla 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis .	3 days ago	
BUKEAU			S.	
The state of the s		6		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		67		

ADDITIONAL SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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- William